



Oregon State University

OSU Prescription Safety Glasses Request & Authorization Form

(Print Legibly)

Employee Name _____ ID Number _____

Department _____ Employee Phone # _____

Supervisor Name _____ Index Number _____

Safety Glasses will be used for: Laboratory Industrial Safety

Employee's Signature

Date

Supervisor's Signature

Date

By his/her signature, the employee acknowledges that the wearing of safety glasses is a requirement for certain aspects of his/her job and the appropriate use of the safety glasses is expected.

Employee Instructions

1. Print and complete Authorization Form.
2. Get Supervisor's approval signature.
3. Obtain a current eyeglass prescription from an eye care provider of your choice. (Eye examination is at the employee's expense.)
4. Complete the HOYA order form (see [Safety Instruction](#))
5. Take prescription, [HOYA order form](#), and this Authorization form to an approved [Hoya eyewear dispenser](#).
6. Vendor will notify you when glasses are ready.

Eyewear dispenser instructions:

Fax this completed form (at time of order) to:

**UABC Accounts Payable
c/o Bill Gardner
541-737-4095**

Eyewear Dispenser name: _____